

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>E.H.</i>		<i>08/01/01</i>
O.I.P.E. CLASSIFIER		<i>12</i>	<i>8/12</i>
FORMALITY REVIEW	<i>AT</i>	<i>1071</i>	<i>09/10/01</i>
RESPONSE FORMALITY REVIEW	<i>SC</i>	<i>1077</i>	<i>12/31/01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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**BEST AVAILABLE COPY**

*026*  
*9/10/01*  
*880-7058*  
*12/31/01*